



REQUEST for FINAL READING

1. PREMISES INFORMATION

Premises Addresses(s): List address(es) of property. For Condominium or Townhouse, include the precise unit number.

Property ID Number(s): Provide all the Property IDs that are identified with the property address(es) listed. Property IDs may be obtained from the property tax bill or the City of Lowell Assessor.

Water Account Number(s): Provide the Lowell Regional Water Utility (LRWU) Account number(s) for the property address(es) listed. Account numbers may be obtained from the Water/Wastewater bill or the LRWU.

CHECK ALL APPLICABLE: Check all categories which apply to the property. For example, if the property is a 5 unit Apartment Building on a corner, check both APT BLDG<6 UNITS and CORNER PROPERTY; if it is a single family dwelling for refinancing only, check SINGLE FAMILY HOME and REFINANCE ONLY; if it is a foreclosure property transaction, check FORECLOSURE, etc.

CONDO/TOWNHOUSE/CO-OP, INDIVIDUALLY BILLED: Check box and circle the property type which applies if it has its own water service (not a member of an association).

CONDO/TOWNHOUSE/CO-OP, ASSOCIATION BILLED: Check box and circle the property type which applies if a formal Homeowner's Association exists and members pay their water bill through the Association.

2. SCHEDULE METER READING

Provide the necessary information a minimum of 72-hours in advance of the closing date (exclusive of Saturdays, Sundays and legal holidays). Please indicate your preferred appointment time. Appointments are first come first served, but every effort will be made to accommodate your request.

Submission Date: Provide date the request was submitted.

Closing Date: Provide date of closing transaction.

Name/ Local Daytime Phone: Provide the name and local phone of a contact person who can provide access to the property so that a meter reading can be taken. This person must be available to provide access at the scheduled time and date of final reading. All dogs on the premise shall be controlled.

3. BUYER INFORMATION

Provide the name of the buyer, current contact phone and email address. Provide name of buyer's attorney and phone number. Under BUYER REQUESTS FUTURE BILLS BE MAILED TO, provide the exact address to which the buyer wishes the bills to be mailed. Clearly indicate if bills are to be sent in care of (c/o) a party or entity other than the buyer.

4. SELLER INFORMATION

Provide the name of the seller, current address, contact phone and email address. Provide the name of the seller's attorney and contact phone.

5. PREPARER INFORMATION

Provide the name of the person and the company or firm they represent who is preparing the application, address, contact phone and email address.

6. ACKNOWLEDGEMENT

Applicant must print name, sign and indicate the relationship to the transaction (seller, buyer, preparer, attorney, etc.).



REQUEST for FINAL WATER READING

Lowell Regional Water Utility

Send completed form via e-mail to: transfers@lowellma.gov a confirmation e-mail with reference number and appointment time will be sent in your reply. A separate form is required for each property being transferred. Incomplete forms will be returned.

1. PREMISES INFORMATION:					
PREMISES ADDRESS: _____					
PROPERTY ID #: _____			WATER ACCOUNT #: _____		
CHECK ALL APPLICABLE:					
<input type="checkbox"/> Single Family Home <input type="checkbox"/> Duplex/Condo/Townhouse (Individually Billed) <input type="checkbox"/> Duplex/Condo/Townhouse (Association Billed) <input type="checkbox"/> Condo Conversion					
<input type="checkbox"/> Apartment Building <6 Units (____ Units) <input type="checkbox"/> Apartment Building >6 Units (____ Units) <input type="checkbox"/> Mixed Use <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial					
<input type="checkbox"/> New Construction <input type="checkbox"/> Vacant <input type="checkbox"/> Corner Property (at _____) <input type="checkbox"/> Foreclosure <input type="checkbox"/> Other: _____					
2. SCHEDULE METER READING:				PREFERRED TIME: <input type="checkbox"/> AM <input type="checkbox"/> PM	
DATE SUBMITTED: _____			CLOSING DATE: _____		
CONTACT NAME: _____			CONTACT PHONE: _____		
3. BUYER INFORMATION:					
NAME: _____		E-MAIL: _____		PHONE: _____	
ATTORNEY: _____		E-MAIL: _____		PHONE: _____	
BUYER REQUESTS FUTURE BILL BE MAILED TO:					
NAME: _____					
ADDRESS: _____					
CITY, STATE: _____			ZIP: _____		
PHONE: _____			E-MAIL: _____		
4. SELLER INFORMATION:					
NAME: _____		E-MAIL: _____		PHONE: _____	
ATTORNEY: _____		E-MAIL: _____		PHONE: _____	
5. PREPARER INFORMATION:					
NAME/COMPANY: _____					
ADDRESS: _____					
CITY, STATE: _____			ZIP: _____		
PHONE: _____			E-MAIL: _____		
6. ACKNOWLEDGEMENT: Applicant, as named below, requests that the LRWU update its billing records to reflect the pending transfer of the premises that is the subject of this Application. Applicant acknowledges that the amount due is based on the balance due on the water account for the premises plus a \$50.00 fee. Applicant certifies that the statements set forth in this document are true and correct.					
PRINT NAME _____			SIGNATURE – Circle one: SELLER / BUYER / ATTORNEY / AGENT _____		
FOR DEPARTMENT USE ONLY:	REFERENCE #:		RECEIVED:		INPUT BY: